

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant: Yuanning Chen, et al.

Art Unit: 2813

Serial No.: 10/719,280

Examiner: Jack S.J. Chen

Filed: 11/21/03

Docket: TI-35022.1

For: Use of Hafnium Silicon Oxynitride as the Cap Layer of the Sidewall Spacer

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION
I hereby certify that the above correspondence is being
transmitted by facsimile to the U.S. Patent and Trademark
Office at 703-872-9306 on the date shown below.

Karen Vertz 2-7-05
Karen Vertz Date

EXTENSION OF TIME

Pursuant to 37 CFR 1.136(a), Applicants respectfully petition the Commissioner for an extension of the shortened statutory period for response in the above-identified Application.

The fee for this extension is indicated below:

- First Month (\$120)
- Second Month (\$450)
- Third Month (\$1,020)
- Fourth Month (\$1,590)
- Fifth Month (\$2,160)

Please charge the fee to deposit account No. 20-0668 of Texas Instruments Incorporated. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Account No. 20-0668. An original and two copies of this sheet are enclosed

Respectfully submitted,

Rose Alyssa Keagy
Rose Alyssa Keagy
Registration No. 35,095

Texas Instruments, Incorporated
P. O. Box 655474 - M/S 3999
Patent Department
Dallas, Texas 75265

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

0/79280

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

2/7/05 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA
Total	* 10	Minus	** 20 =
Independent	* 5	Minus	** 5 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA
Total		Minus	** =
Independent		Minus	** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	**	=
Independent		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number ever found in the appropriate box in column 1.

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY	RATE	FEES
BASIC FEE	395.00	OR	BASIC FEE	290.00
X 25		OR	X 50	
X 100		OR	X 200	
+180		OR	+360	
TOTAL		OR	TOTAL	

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	RATE	ADDITIONAL FEE
ADDITIONAL FEE		OR	X 50	
X 25		OR	X 200	
X 100		OR	+360	
+180		OR	TOTAL	ADDITIONAL FEE
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

ADDITIONAL FEE	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X 25		X 50		
X 100		X 200		
+180		+360		
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE		

ADDITIONAL FEE	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X 25		X 50		
X 100		X 200		
+180		+360		
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE		